



State of Rhode Island
Department of State - Business Services Division

Statement of Dissolution
DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

REC'D RIDGS BSD
24 AUG 8 AM 10:42:01
SAP

The undersigned, desiring to dissolve the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13.1-802, hereby execute the following Statement of Dissolution of the Certificate of Limited Partnership:

1. Entity ID Number: 000049799	2. The name of the limited partnership is: Lincoln HMO Associates, L.P.
3. The date of filing of the Certificate of Limited Partnership is: 12-31-1985	
4. The partnership is dissolved.	
5. Other information as the general partners filing the statement determine to include herein:	
6. The partnership certifies that it has no outstanding tax obligations as required by RIGL <u>7-13.1-213</u> , the partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov .] Check the box to indicate an attachment <input type="checkbox"/>	
7. Date when the Statement of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX <input type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Effective date (which shall be a date certain) _____	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
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BY SmFWJ
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Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of General Partner	Date
Signature of General Partner	

Type or Print Name of General Partner	Date
Signature of General Partner	

Type or Print Name of General Partner CHRISTOPHER MARQUEL	Date 8-8-2024
Signature of General Partner	